

HCBS Final Rule Workgroup meeting minutes

HCBS Final Rule Workgroup Meeting		
6.29.2015	10:00am- 3:00pm	Topeka & Shawnee County Public Library
Meeting called by	Kansas Department for Aging and Disability Services (KDADS)	
Type of meeting	Workgroup	
Facilitator	Wichita State University- Kevin Bomhoff & Tara Gregory	
Note taker	Ashley Kurtz & Kevin Bomhoff	
Attendees	Sandra Andrews, Mike Horan, John Barry, Linda Mowbray, Pam McDiffett, Mary Cole, Cori Huxman, Jennifer Pileus, Kimberly Pierson, Debra Zehr, Greg Wintle, Patty Gerdel, Jody Patterson, Robert Cooper, Laura Leistra, Anthony Fadale, Tara Gregory, Katrina Ostmeier, Mary MacBain, Ashley Kurtz, Kevin Bomhoff, Fran Seymour-Hunter	

Introductions	
15 minutes	Ashley Kurtz
Discussion	
Fifteen minutes were allotted for workgroup members to introduce themselves to the other participants in the group. The introductions included the name of the workgroup member and the organization they are representing through their participation.	

Review of Workgroup Charter		
15 minutes	Kevin Bomhoff	
Discussion		
<p>Workgroup members were presented a copy of the KDADS HCBS Final Rule Onsite Assessment Workgroup charter for review. The charter included the following information:</p> <ul style="list-style-type: none">• HCBS Final Rule background information• Purpose of this workgroup• Process for the workgroup• Support for the workgroup• Tasks and Timelines of the workgroup• Selected workgroup members <p>Workgroup members were given the opportunity to discuss any questions regarding the charter. No questions or comments were asked during the meeting or submitted to KDADS.</p>		
Action Items	Person Responsible	Deadline
Update Charter to include all selected workgroup member	Ashley Kurtz	July 17 th
Update Charter to include the update to the meeting on July 29 th	Ashley Kurtz	July 17 th

Onsite Assessment Overview/Orientation	
30 minutes	Kimberly Pierson
Discussion	

Kimberly Pierson presented Kansas' Plan for Assessment of Compliance with CMS Final Rule. This discussion included a general overview of the State's 5-year plan for compliance with CMS requirements for the HCBS Final Rule. KDADS also informed the Workgroup members that the Statewide and program-specific transitions plans are available for review on KDADS' website. KDADS reviewed the key components of the State Plan including the following:

- Final Rule Workgroup
- Self-assessment/Attestation
- Levels of Compliance (Presumed Compliance, Partial-Compliance, Non-Compliance)
- General Timeline Dates for 5-year plan

Workgroup members were given the opportunity to ask questions about the 5-year plan or the role of the Workgroup.

The following are the questions received following this presentation and KDADS' response:

1. Who will be conducting the onsite assessment? [The parties responsible for conducting the onsite assessments have not been determined at this time. The assessment tool will be developed before the State will determine who will be responsible for completing the onsite assessments.](#)
2. Who is responsible for the self-assessment? [HCBS Providers](#)

Initial Kansas Settings Survey Results

30 minutes	Tara Gregory
Discussion	

Tara Gregory presented on the Preliminary Provider Self-Assessment and Attestation Report. For the presentation, Tara Gregory reviewed the type of facilities and the current response rate based on the setting type (page 3). The range and average for the number of individuals receiving services in a select service type and the total number of settings was also reviewed (page 3). Some general observations regarding the self-assessment included that IDD residential has the largest response and several organizations has not completed the assessment. Tara Gregory proceeded to walk through the results of the self-assessment report before answering questions or comments from the workgroup. The following are the questions/comments received following this presentation and WSU's response:

1. Was the age range of the consumers served explored on the self-assessment? [No](#)
2. Were there additional options available under Question 10 (on the report)? [Only the 4 options listed were available to the providers for response](#)
3. Why is the response number relating to "physically accessible" different based on the question on page 1 of the report and the last question at the end of the report? [Tara Gregory will look into the potential discrepancy between the numbers. Some potential impacts suggested in the group included: some providers did not answer all questions and that may result in the discrepancy, the beginning questions focused on "the organization should..." and the later questions focused on "our organization does..."](#)
4. If a foster care has a home that has a consumer with HCBS services, would the house need to fill out the assessment? [The do not need to complete if they are not getting HCBS funding. SED Foster Homes received funding for HCBS respite services, so they will need to complete the self-assessment.](#)
5. Does the self-assessment deadline need to be expanded? [The self-assessment list will be provided to the Workgroup and the self-assessment will be extended to July 15th.](#)

Tara Gregory also presented on HCBS Final Rule Compliance Site Visit Models. The review of the other states included the following:

- Assessment Tool design elements
- Types of On-site Visits
- Sample Assessments (Alaska, Arkansas, Florida, Nevada)

Impact on Waiver Groups

20 minutes	Kevin Bomhoff
Discussion	

Workgroup members were given the opportunity to provide feedback on the groups thoughts/concerns for specific waiver groups through the process for HCBS Final Rule compliance. The following comments were provided to WSU:

- Autism: Quality indicators might look different. A secluded room for learning is not “seclusion.” Children in general have different levels of self-direction (will have curfews etc.).
- Aging: Safety issues for persons with dementia. Consumers voted with their wallets to be in a less restricted setting and this could force them to a more restrictive settings. We don’t want aging persons in smaller rural and frontier communities where assisted living is not available to be forced to more restrictive settings. Adult day services (although there is a limited number) might be considered to be restricted setting. They are not residents there but that setting rule might squelch the access to these settings in rural and frontier settings. Residential Health Care settings were developed to give more choice. Small nursing home converted portion to a RHC facility as part of their nursing home settings. They operate as assisted living. This rule may take that option away. This will deny access to frail elderly options in small rural and frontier communities.
- IDC: Some may have lived in group home settings for years and consider this to be their home and other residents their roommates. An agency may say they offer options but in reality, consumer may not have freedom to choose their roommate.
- Aging IDC: How does that look? Some wanting to do nursing homes but not having access because push back from providers and it being considered most restrictive.
- Other Considerations: Language and culture appropriateness. They might have a community of signers and seen as isolated when they are in fact not.

Subgroup Assignments

15 minutes	KDADS Staff
------------	-------------

Discussion	
------------	--

KDADS Program Management Staff members provided additional information about the subgroups and requested that Workgroup members select one subgroup. The following information was provided by KDADS in order to assist Workgroup members with selecting a subgroup:

- Subgroup 1: Changes required
In-depth look at settings to determine: Setting that we presume will be compliant, Settings that can with some changes be compliant, those we believe will not but be but could be compliant with heightened scrutiny, finally those that will not likely be compliant.
- Subgroup 2: Assessment Design
Explore the elements that need to be in the assessment tool. What is best approach for who should be the assessor? Look at details.
- Subgroup 3: Onsite Assessment
Who will need to be involved from KDADS or other entities or staff? How will the tool be used appropriately? Who will be best to evaluate different settings? Who at the settings should be involved?
- Subgroup 4: Evidence of Compliance
CMS issued a review tool and this group will look at how it will be applied in Kansas. Compare it to the CMS review tool. How are as a state in compliance and what are the next steps? How will heightened scrutiny and remediation be triggered?

Subgroup Breakout

1 hour 30 minutes Workgroup

Discussion

Subgroup 1 Notes:

- Reviewed Settings and listed in three categories
 - Presumed Compliant: Foster family homes, member owned/leased, supported employments
 - May be compliant: residential/day, home plus, assisted living, boarding care, foster homes, provider owned, apartment complexes/duplexes, shared living, group home, day camps
 - Heightened Scrutiny: residential care facilities, adult day care, settings adjacent to institution
 - Other Settings to consider: foster homes with multiple HCBS consumers, daytime respite program (SED), planned brief stay (in NF), youth residential centers (SED)
- Potential Changes to consider
 - Restriction and/or safety concerns (locked units), disability specific programs (adult care homes), location to institution, group home locations, disability specific housing
- Considerations
 - HUD housing, location of services/availability of services providers, location in Kansas (rural), clarification of Rule for minors, competency of consumer
- Next Steps
 - Subgroup Meeting on July 14th at 8:30am
 - Facilitator: Jody Patterson
 - Tasks/Objective: Define Subgroup, Review Heightened Scrutiny Guidelines, List changes and considerations for HCBS Final Rule compliance for half of the settings
- Assignments
 - Jody- find child placement representative (July 3rd)
 - Ashley- find TBI and PD representative (July 3rd)
 - Linda- find IDD representative (July 3rd)
 - Subgroup- list of changes for half of settings (July 29th).

Subgroup 2 Notes:

- Recommendation (from other States)
 - Florida: probing questions, comments/narratives
 - Nevada: comments, provide examples
 - Arkansas: variables, may afford opportunities to review information details missed in other State's tools
 - Explore tools utilized by States with CMS approved assessment plan
- Design Elements
 - Observations
 - Interview
 - Written Survey
 - Sample Size
 1. Statistically valid sample
 2. Based on settings
 3. Different tool for different setting or by age
 - ✓ Consider different types of disabilities
 - ✓ Consider language differences
 - ✓ Communication effectiveness (types- large print, braille)
 - If consumer survey and the consumer cannot community, can there be a proxy?
 - Record Review (e.g. choice documents)
 - Proxy- consider conflict of interest (using a natural proxy to obtain accurate information)
- Next Steps
 - Subgroup meeting on July 9th at 9am
 - Subgroup meeting on July 27th @ 9am
 - Facilitator: Katrina Ostmeyer & Co-facilitator: Rachel Monger
- Assignments
 - KDADS (Pam & Ashley)- provide transition plan and tools for approved States
 - Katrina- circulate WSU report
 - KDADS- arrange call with Arkansas
 - WSU- contact states with CMS approved assessment plans to get tools
 - WSU- Ask other States about proxy

Subgroup 3 Notes:

- Candidates of Assessors
 - ❖ Assessor from:
 - Aging and Disability Resource Center (ADRC)
 - provide information on broad range of programs and services, helps people understand the various long term care options available to them, helps people apply for programs and benefits, and serves as the access point for publicly-funded long term care
 - Community Developmental Disability Organization (CDDO)
 - The "single point of entry" into the HCBS I/DD Program in Kansas is your local Community Developmental Disability Organization (CDDO). They will determine eligibility and will work with the person and/or their family to access services from a variety of Community Service Providers in your area.
 - Targeted Case Managers (TCM)
 - to case management for specific Medicaid beneficiary groups or for individuals who reside in state-designated geographic areas. So essentially, at least when used by Medicaid, TCM has to do with providing case management services to specific "target" populations.
 - Community Mental Health Center
 - Community Mental Health Center is a provider of comprehensive mental health services, offering inpatient, outpatient, home-based, school, and community-based programs to individuals and families
 - Traumatic Brain Injury (TBI)
 - ❖ Nurse – think about what type of nurse you would like to potentially target. We had discussed that someone with more of a background in community settings versus someone who has always worked in an office
 - ❖ Direct Service Workers
 - A direct service worker is an unlicensed person who provides personal care or other services and support to persons with disabilities or to the elderly to enhance their well-being and which involves face-to-face direct contact with the person.
 - ❖ Center for Independent Living (CIL)
 - The term "center for independent living" means a consumer-controlled, community-based, cross-disability, nonresidential private nonprofit agency that is designed and operated within a local community by individuals with disabilities and provides an array of independent living services.
 - ❖ Parents
 - ❖ Family
 - ❖ Consumers
 - ❖ Community members
 - ❖ Teachers
 - More specifically Special Education teachers that have experience with Independent living skills
 - ❖ State staff
 - Quality management specialist (QMS), Program Managers, or other types
- Assignments
 - Cori/Jennifer – Map potential areas for the assessors
 - Patty/Mary – Decide on a definition of the people who will be participating in the assessment

Subgroup 4 Notes:

- Evidence
 - Policies
 - Handbooks/Manuals (resident)
 - Pictures (physical compliance)
 - License
 - Contracts for contracted entities
 - Narratives/Interviews with providers and consumer/family
 - Person-Centered Plan (POC)
 - FMS (Background checks and agreements)
 - On-site (Big Part??)
 - Self-direction
- Remediation
 - Education (Front End)
 - Front End – small problem remediation
 - Survey (problem trends)
 - ✓ Involving providers in problem solving
 - ✓ Conference calls with providers on certain trends
 - HCBS Conference Topics
 - ✓ Compliance Based
- Next Steps: assign facilitator/ work with Subgroup 2